

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES PROGRAM (TANF) APPLICATION TO ADD NEW ASSISTANCE MEMBERS

This is an application to add new assistance unit members for the TANF Program. These new members joined the family unit since the last application was filed. You may bring this application to the local Department of Social Services office or mail it to the local Department of Social Services office.

A. Your Contact Information

Your Name (last, first, middle initial)

Your Street Address (include apartment number)

City, State, ZIP

Your Mailing Address (if different from your street address)

City, State, ZIP

In what city or county do you live?

E-mail Address

Primary Telephone Number

Alternate Telephone Number

B. New Household Member Information

Give the following information for any new household members you are reporting for the first time or for new members you verbally reported since your original application or most recent eligibility review.

1.

Name (last, first, middle initial)

Relationship to You

Date of Birth (mm-dd-yyyy)

Social Security Number:

Assistance Requested: SNAP Benefits TANF None

Gender: Male Female

Place of Birth: _____

(City, State, Country)

Marital Status: Married Never Married
 Separated Divorced Widowed

Is this Person a U.S. Citizen? Yes No

— If not a U.S. Citizen, what is your status? _____

Is this Person a Student? Yes No

Alien Registration Number _____

If **yes**, name of school _____

Highest Grade Completed _____

Date started living in the U.S. (mm-dd-yyyy) ____/____/____

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial Heritage: White Black/African American Asian Asian & Black/African American Asian & White
 American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown

2.

Name (last, first, middle initial)

Relationship to You

Date of Birth (mm-dd-yyyy)

Social Security Number:

Assistance Requested: SNAP Benefits TANF None

Gender: Male Female

Place of Birth: _____

(City, State, Country)

Marital Status: Married Never Married

Is this Person a U.S. Citizen? Yes No

Separated Divorced Widowed

— If not a U.S. Citizen, what is your status? _____

Is this Person a Student? Yes No

Alien Registration Number: _____

If **yes**, name of school _____

Highest Grade Completed: _____

Date started living in the U.S. (mm-dd-yyyy) ____/____/____

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial Heritage: White Black/African American Asian Asian & Black/African American Asian & White
 American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown

3.

Name (last, first, middle initial) _____

Relationship to You _____

Date of Birth (mm-dd-yyyy) _____

Social Security Number: _____

Assistance Requested: SNAP Benefits TANF None

Gender: Male Female

Place of Birth: _____
(City, State, Country)

Marital Status: Married Never Married
 Separated Divorced Widowed

Is this Person a U.S. Citizen? Yes No
— If not a U.S. Citizen, what is your status? _____

Is this Person a Student? Yes No
If yes, name of school _____

Alien Registration Number: _____

Highest Grade Completed: _____

Date started living in the U.S. (mm-dd-yyyy) ____/____/____

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial Heritage: White Black/African American Asian Asian & Black/African American Asian & White
 American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown

YES NO 1. Have any of your children received any immunizations since approval of your original application or since your most recent review? If YES, explain:

YES NO 2. Have you or anyone for whom you are applying ever been disqualified from receiving TANF (AFDC) or SNAP benefits? If YES, explain:

YES NO 3. Is anyone in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony? If YES, explain:

YES NO 4. Have you or anyone for whom you are applying ever been convicted as an adult on or after February 8, 2014 for the following:
a. Aggravated sexual abuse under Title 18 United States Code (USC), Section 2241 or a similar state offense? YES NO
b. Murder under Title 18 USC, Section 1111 or a similar state offense? YES NO
c. An offense under Title 18 USC, Chapter 110 (sexual exploitation and other abuse of children) or a similar state offense? YES NO
d. A federal or state offense involving sexual assault, as defined in Section 40002(a) of the Violence Against Women Act of 1994 (42 USC 13925(a)) ? YES NO
If YES to any of the above, who? _____
If YES to any of the above, are you in compliance with the terms of the sentence? YES NO

By my signature below, I declare that the household member(s) for whom I am requesting TANF or SNAP benefits, is/are either a U.S. citizen(s) or alien(s) in lawful immigration status. I declare under penalty of law that all information on this form is correct and complete to the best of my knowledge and belief. I understand that if there is a TANF or SNAP claim against my household, the information on this application, including all SSNs, may be referred to federal and state agencies as well as private claims collection agencies for claims collection action.

Your Signature or Authorized Representative's Signature or Mark

Date

Witness to Mark or Interpreter

Date